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jc658 U.S. PTO

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A
Box 580

SENNIGER, POWERS, LEAVITT & ROEDEL
ATTORNEYS AT LAW

ONE METROPOLITAN SQUARE
16TH FLOOR
ST. LOUIS, MISSOURI 63102
314-231-5400

FACSIMILE 314-231-4342
<http://www.senniger.com>

PATENTS, TRADEMARKS, COPYRIGHTS
AND RELATED MATTERS

OF COUNSEL
IRVING POWERS
RICHARD G. HEYWOOD
ROBERT J. LEWIS

STUART N. SENNIGER
(1921-1997)

December 3, 1999

FRANK R. AGOVINO
DERICK E. ALLEN
ROBERT M. BAIN
G. HARLEY BLOSSER
JOHN M. BODENHAUSEN
RICHARD L. BRIDGE
JAMES E. BUTLER, PH.D
SARAH J. CHICKOS
J. BENNETT CLARK
CHARLES E. COHEN, PH.D
DAVID E. CRAWFORD, JR.
MATTHEW L. CUTLER
JAMES E. DAVIS
PATRICK S. EAGLEMAN
ROBERT M. EVANS, JR.
PAUL I.J. FLEISCHUT
MICHAEL E. GODAR
CHRISTOPHER M. GOFF
DAVID M. GRYTE
EDWARD J. HEJLEK
KAREN Y. HUI

KURT P. JAMES
VINCENT M. KEIL
ANTHONY R. KINNEY
AHADI J. KIRK
BRIAN P. KLEIN
WILLIAM E. LAHEY
DONALD G. LEAVITT
PAUL A. MADDOCK
MICHAEL G. MUNSELL
DEBRA D. NYE
KATHLEEN M. PETRILLO
LAURA R. POLCYN
KEITH A. RABENBERG
STEVEN M. RITCHEY
JOHN K. ROEDEL, JR.
JOSEPH A. SCHAPER
RICHARD A. SCHUTH
MEG MARSHALL THOMAS
DONALD W. TUEGEL
SCOTT A. WILLIAMS

UTILITY PATENT APPLICATION TRANSMITTAL
(new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket Number: BJCH 10041
First Named Inventor: Keith Hruska
Express Mail Label Number: EL 523 767 046 US

jc617 U.S. PTO
09/454334
12/03/99

TO: Assistant Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

APPLICATION ELEMENTS

1. ☒ Fee Transmittal Form
(original and duplicate)
2. ☒ Specification [Total Pages 16]
3. ☐ Drawings [Total Sheets]
4. Oath or Declaration [Total Pages 4]
 - a. ☐ Newly executed (original or copy)
☒ New (unexecuted)
 - b. ☐ Copy from a prior application
(for continuation/divisional with
Box 17 completed)
 - i. ☐ DELETION OF INVENTOR(s)
Signed statement attached
deleting inventor(s) named
in prior application.
5. ☐ Incorporation By Reference
(useable if Box 4b is marked)

The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

6. ☐ Microfiche Computer Program (Appendix)
7. ☒ Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
- a. ☒ Computer Readable Copy
- b. ☒ Paper Copy (identical to computer copy)
- c. ☒ Statement verifying identity of above
copies

ACCOMPANYING APPLICATION PARTS

8. ☒ Assignment Papers (cover sheet & document(s))
9. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
10. ☐ English Translation Document (if applicable)
11. ☐ IDS with PTO-1449 ☐ Copies of IDS Citations
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard
14. ☒ Small Entity Statement(s)
☐ Statement filed in prior application; status still
proper and desired
15. ☐ Certified Copy of Priority Document(s) if foreign
priority is claimed
16. ☐ Other: _____

**IF A CONTINUING APPLICATION, CHECK APPROPRIATE
BOX AND SUPPLY THE REQUISITE INFORMATION**

17. ☐ Continuation ☐ Divisional ☐ Continuation-in-Part
of prior application No.: ____/____
- ☒ Complete Application
based on provisional Application No. 60/111,676

CORRESPONDENCE ADDRESS

18. Correspondence Address: Customer Number 000321
Attention: G. Harley Blosser

Respectfully submitted,



G. Harley Blosser, Reg. No. 33,650

GHB/bk

Applicant or Patentee: Keith Hruska Attorney's
Serial or Patent No.: unknown Docket No.: BJCH 10041
Filed or Issued: _____
For: ACTIVATED CATION CHANNEL OF THE OSTEOBLAST AS A MECHANISM OF BONE ANABOLISM

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9(f) and 1.27(d)) - NONPROFIT ORGANIZATION**

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION Barnes-Jewish Hospital
ADDRESS OF ORGANIZATION 1 Barnes-Jewish Hospital Plaza
St. Louis, Mo 63110

TYPE OF ORGANIZATION

- [] University or other institution of higher education
[X] Tax exempt under Internal Revenue Service Code (26 USC 501(a) and 501(c) (3))
[] Nonprofit scientific or educational organization qualified under a non-profit organization statute of a state of The United States of America (Name of state _____)
(Citation of statute _____)
[] Would qualify as tax exempt under Internal Revenue Service Code (26 USC 501(a) and 501(c) (3) if located in The United States of America
[] Would qualify as nonprofit scientific or educational organization under a non-profit statute of a state of The United States of America if located in The United States of America
(Name of state _____)
(Citation of statute _____)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code with regard to the invention entitled ACTIVATED CATION CHANNEL OF THE OSTEOBLAST AS A MECHANISM OF BONE ANABOLISM by inventor(s) Keith Hruska described in

- [X] the specification filed herewith
[] application serial no. _____, filed _____
[] patent no. _____, issued _____

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention.

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other

than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

*NOTE: Separate verified statements are required for each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

NAME _____

ADDRESS _____

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

NAME _____

ADDRESS _____

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is not longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Steven B. Miller, MD

TITLE IN ORGANIZATION Chief Medical Officer

ADDRESS OF PERSON SIGNING 1 Barnes-Jewish Hospital Plaza
St. Louis, MO 63110

SIGNATURE Sam Y. [Signature] DATE 12-2-99